



Gender violence in Papua New Guinea

The cost to business

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Key messages

- 68% of survey participants experienced gender-based violence (GBV) during the past year, with 47% experiencing more severe forms of GBV.
- On average, employees experienced a total of 7.8 incidents of GBV in the past 12 months and 2.4 incidents of severe GBV. Women experienced an average of 9.4 incidents in the past year.
- On average, each staff member loses 11.1 days of work per year as a result of the impacts of gender violence: 2.0 days lost to 'presenteeism', 5.0 days to absenteeism and 4.1 days helping other victims of GBV. For one of the firms in this survey, this means an estimated 26,200 staff days lost per year.
- The cost of staff time lost due to GBV is high. For one of the firms covered, it is estimated to total 300,000 kina; for another, almost 3 million kina, representing 2% and 9% respectively of those companies' total salary bills.
- If other direct costs are included, (counselling, recruitment and induction costs, medical costs), then the total cost to one firm increased by 45%.

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Abbreviations

CIMC	Consultative Implementation and Monitoring Council
DFAT	Australian Department of Foreign Affairs and Trade
FSVAC	Family and Sexual Violence Action Committee
GBV	Gender based violence
GBV-IMS	Gender Based Violence Information Management System
IPV	Intimate partner violence
IRC	International Rescue Committee
ODI	Overseas Development Institute
PNG	Papua New Guinea
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
VAW	Violence against women

1 Introduction

Gender-based violence¹ (GBV) is highly prevalent in Papua New Guinea (PNG): 41% of men in PNG admit to having raped someone and over two-thirds of women are estimated to have suffered some form of physical or sexual violence in their lifetime (Jewkes et al., 2013). It is reported that 7.7% of men admit to having perpetrated male rape (ibid.). Only 73% of survivors of GBV in PNG seek assistance (World Bank, 2014) and the vast majority of these individuals (88%) seek this assistance through informal support structures, such as familial, kinship or collegiate networks or village courts and community leaders rather than through official channels. This indicates that GBV is underreported. The magnitude of GBV incidence in PNG is considered by some to be of epidemic proportions (Eves, 2010).

The social, emotional and physical costs of GBV are widely recognised (UN Women, 2006; Morrison et al., 2007), as are national-level economic costs (Duvvury et al., 2012, 2013). However, the impact at individual firm level is less well understood. Being able to cost the multidimensional impact of GBV for a business, highlighting potential savings from investing in responsive and or preventative measures, is an important first step in building the business case for intervention and ultimately for contributing to a reduction of GBV incidence in PNG.

Until recently there has been little systematic attention to the economic costs of GBV at the level of individual businesses, as well as associated measurement methodologies (Williams, 2014; KPMG, 2013; Day et al., 2005). This study sets out a practical approach for calculating costs within a firm and presents findings from three firms reviewed for this pilot study in PNG. The following review of methodology, prevalence findings, company responses, discussion, conclusions and recommendations provide a series of lessons for businesses and business support organisations seeking to develop a comprehensive response to the factors that enable and perpetuate GBV and its impacts.

¹ See methodology section for definitions.

PNG Business Coalition for Women

The PNG Business Coalition for Women is a registered membership organisation set up in 2014 to promote positive change for women and business in Papua New Guinea. The coalition has over 45 member companies with a secretariat based in Port Moresby. The coalition has four active working groups focusing on addressing gender violence, developing gender smart workplaces and practices, promoting women in leadership, and expanding opportunities for women in supplier and distribution networks. In terms of addressing gender violence, the coalition has developed a suite of strategies for businesses, including a model Human Resources policy (with guidelines on safety planning, special leave, support services, addressing perpetrators on staff, confidentiality for victims, etc.); detailed policy implementation guidelines; a legal guide on Family and Sexual Violence for PNG employers; step-by-step training programmes and bespoke consulting services on how to implement the policy. The model policy was based on a review of global good practice and participatory action research.

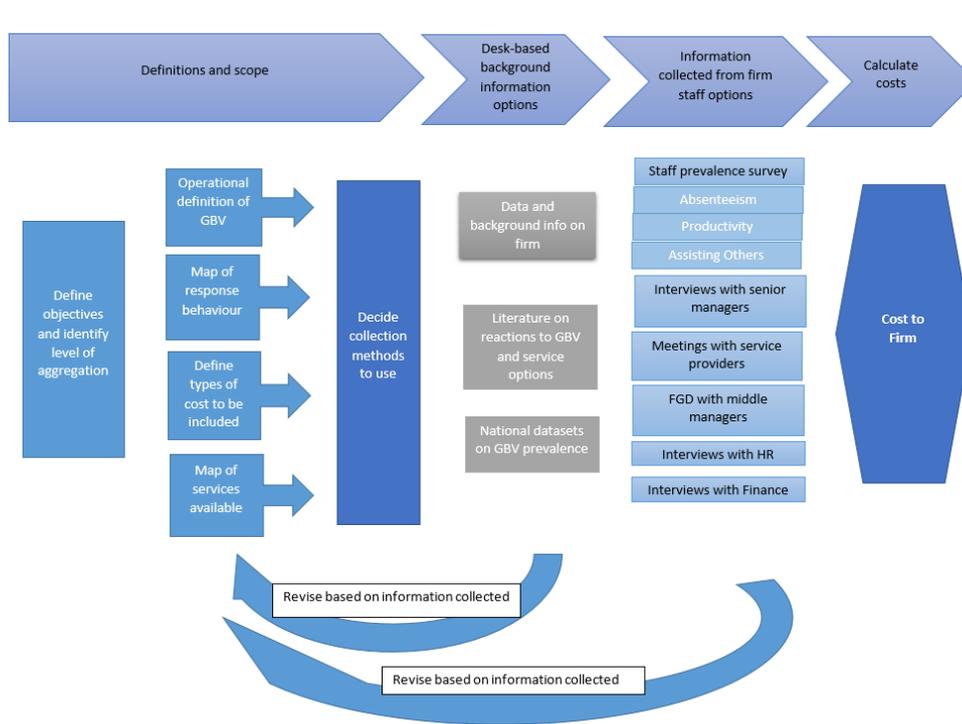
The Australian Department of Foreign Affairs and Trade (DFAT) office in Port Moresby, working with Overseas Development Institute (ODI) in the DFAT-ODI Business Development Exchange programme, suggested that ODI work with the Business Coalition to examine ways in which business could help address the serious issue of gender violence. In discussions with coalition members, DFAT and the International Finance Corporation (IFC), it was suggested that the research focus initially on an examination of the costs to business of gender violence.

2 Methodology

The methodology used to develop a tool for costing the impact of GBV at firm level was adapted from an approach developed by Duvvury et al. (2004) comprising seven essential components for developing a GBV costing framework, drawing on information collected for an ODI study reviewing existing approaches and methodologies (Williams, 2014). The methodology sets out the components of the costing tool and the options for data to be used.

This section briefly discusses the objectives and level of aggregation for the study, the definitions of GBV and types of cost used, the range of response behaviours and services available, and the collection methods used in the pilot.

Figure 1: Methodology for developing tool to cost GBV impact on firms



2.1 Objectives and level of aggregation of the study

The overall objective for this work was to highlight at company level that GBV not only has high social costs but also significant economic costs and impacts on the bottom line for business. The data generated can further act as a baseline against which businesses can measure the cost impact of measures they or the Business Coalition for Women take to address the issue of GBV.

Lastly, this exercise is also aimed at developing and testing a practical tool for costing the impact of GBV at firm level in PNG that can be used by future researchers and/or by firms themselves.

Analysis is conducted at firm level or, in two cases, at the level of business units within larger companies. For the third company, analysis is carried out at the national level of a firm operating internationally. For the sake of anonymity and corporate confidentiality, findings are anonymised or aggregated in this report.

2.2 Definition of gender-based violence

A conceptual focus on ‘gender-based violence’ was selected rather than only ‘intimate partner violence’ or ‘sexual violence’ on the basis that the study sought to assess broader costs to business, rather than those explicitly connected to sub-categories of GBV.

With respect to an operational definition of GBV, terminology is rarely universally agreed upon owing to the complexity of individual and community experiences, as well variations in legal or customary frameworks. Policy-makers, practitioners and researchers have consistently struggled to classify and analyse GBV-related data in a manner that enables comparable findings. The core approach used in this study draws on the UN definition from the 1993 United Nations Declaration on the Elimination of Violence against Women:

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Definitions of GBV used in the survey

The six forms of GBV used in the Gender-based Violence Information Management System (GBV-IMS) tool developed by the United Nations Population Fund, International Rescue Committee and United Nations High Commissioner for Refugees are: rape (including attempted rape); sexual assault (including attempted assault); forced marriage; denial of resources (including denial of opportunities, services, contraception, etc.); and psychological or emotional abuse (including threats, mobility constraints). Definitions for each, as outlined by the IMS, were added to the survey tool as a footnote for continued reference during fieldwork.

Essentially, GBV is any form of violence rooted in gender inequality and it is often tolerated or condoned by laws, institutions and community norms (Bott et al., 2005). It is also important to recognise an increasing body of work on GBV which looks at violence against men and against gay, lesbian, transgendered and intersex people (Read-Hamilton, 2014). In this regard, and based on existing male rape

perpetrator statistics, the survey sought to consult men as survivors of GBV. Furthermore, within PNG, the issue of GBV is often closely intertwined with Family and Sexual Violence, which includes considerations for minors and inter-family violence.

The advantages of the GBV-IMS tool are threefold: first, it focuses upon six universally recognised forms of GBV; second, the categories are mutually exclusive; and third, the forms of GBV are focused on discrete acts of violence, rather than the motivation behind why they were perpetrated.

2.3 Response behaviour in PNG

Survivors of GBV might seek help but they may also internalise the impacts of GBV by avoiding work, being distracted at work or seeking informal support from family, friends and colleagues. The cost to business may not necessarily be directly related to assistance-seeking behaviour in terms of accessing services such as professional counselling or medical insurance, but may include staff time taken to talk to colleagues or to provide cover for colleagues who are absent without leave.

The mapping is based on global and PNG literature of response behaviour and anecdotal evidence specific to PNG. Workers directly affected by GBV will do one or more of the following things:

- Take time off work, either with prior permission or without giving any information about where they are (absenteeism)
- Attend work but struggle to perform their job, being unwell, tired or distracted (presenteeism)
- Never return to work after a period of unapproved absence
- Discuss the problem informally with peers at work
- Talk to a manager or seek more formalised workplace support
- Seek workplace professional support services
- Seek professional support services, including medical and legal support, outside work (which may result in absenteeism)
- Disrupt colleagues through troubled behaviour, irregular practices (e.g. bringing children into work)
- Commit sackable offences under duress (e.g. committing fraud under threat of violence from a family member).

People also respond indirectly to GBV, providing assistance to colleagues, friends and family who are suffering, which can take up work time.

Table 1 shows the ways in which people affected by GBV in the firms reviewed behave and what a firm does about it, based on anecdotal evidence from interviews.

Table 1: Actions and impacts at work from GBV, based on evidence from the firms

	Extra staffing costs e.g. overtime pay	Staff time taken up	Reduced staff morale	Costs of services for survivors	Financial support to access formal services outside workplace	Costs of training and preventative activities	Recruitment, security, transport
Absenteeism	X	X	X				X
Reduced Productivity	X	X	X				
Incidents in the workplace	X	X	X	X		X	X
Access formal workplace support		X		X		X	
Access informal workplace support		X		X		X	
Access formal services outside workplace					X		
Staff turnover	X	X	X			X	X

2.4 Cost categories

This study and costing tool are intended to be practical and easily usable. As such, costs included in the analysis are not comprehensive of all costs that will be incurred by firms due to GBV. We have included costs for which data can be collected and for which it is possible to propose a straightforward calculation process.

The costs can be divided into three categories:

- Staff time lost due to GBV, either through staff being personally affected or supporting a colleague during work hours. Staff time lost includes: productivity, absenteeism and assistance effects.
- Costs of GBV-specific training and services for which a proportion can be allocated to GBV costs – this includes phone lines, counselling, health care, alcohol abuse awareness training, etc.
- Indirect costs – time and resource costs of staff turnover and recruitment based on estimates of GBV as the cause.

The study does not attempt to cost:

- The impact of reduced staff productivity on firm reputation and performance.
- The impact of reduced morale (e.g. depression, anxiety) caused by individual and societal experience of GBV but not directly related to an incident and captured under the survey questions.

- The study also does not look at the costs to business of the impacts on perpetrators of GBV in terms of presenteeism, absenteeism etc.

2.5 Services available

Table 2 maps support options that may be available to company staff and which have been considered for this study.

Table 2: State, NGO, firm-level and informal prevention and support services

Service	Type of provider	Nature of service	Nature of support	Reality of service availability for firm staff
Safe houses	NGOs, companies ²	Women-only accommodation with security and sometimes access to counselling and other support services	Reactive	No direct referral of staff to safe houses was mentioned. There is a huge gap in supply for safe houses nationally, relative to demand. (Not provided by the three firms reviewed)
Professional counselling and support	NGOs, companies	Phone and face-to-face services	Reactive	One of the firms had an in-service counselling service and referral process to local services; another said counselling was available through health insurance. Uptake seemed to be very low.
Medical services, health insurance	State, companies, NGOs	Physical health care provision for survivors and support with costs	Reactive	Two firms provide health insurance services for staff. GBV-specific provisions in national health care are limited.
Informal peer mentoring and coaching	Companies, informal (friends, family, colleagues in non-work context)	Conversations and advice from peers and untrained colleagues	Reactive (potentially proactive)	All firms seem to have staff who are providing considerable informal support to colleagues; no firms recognise or support this activity at present.
Awareness raising and information sharing	NGOs, state, companies	Educating staff and the public about GBV and how and where to get help	Proactive	One firm has run awareness-raising activities and a second has information on its intranet – although this does not seem to be widely accessed or used.
Legal support	State, private sector (no evidence of legal support being provided/paid for by the firms analysed in this pilot), NGOs	Advice from lawyers, police support to investigate and prosecute offences	Reactive	There was no evidence from the study of successful use of legal services or direct support from firms to facilitate this.

² G4S funded a safe house in the past but this facility no longer exists.

Support with relocation / resettlement	NGOs	Logistical and financial support to relocate	Reactive	One firm relocated a staff member during an internal GBV incident, but workplace not residential. No referrals to resettlement services were mentioned.
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2.6 Calculation method

An ‘accounting methodology’ was selected on the basis that it is a ‘hands-on’ approach that can be easily applied by the firm itself. Other methods such as econometric approaches, propensity score matching and willingness-to-pay rely on more extensive quantitative and/or qualitative datasets in order to have statistically rigorous results and were therefore rejected.³ The principle of the accounting method, by contrast, is based on firm-specific costs to business (investment in prevention or response efforts) as well as time-based and performance costs (absenteeism and productivity costs).

In summary, the accounting methodology calculates direct costs for the company: [staff time lost due to absenteeism, presenteeism and providing assistance] + [costs of service provision] + [support to access other services]. Where possible, other indirect costs are also added: [additional hours for managers and staff dealing with absenteeism] + [costs of staff turnover and recruitment].

For this pilot, information was collected in three ways:

- Desk-based analysis of online information and information shared in advance of visit by the firms, and during and after visits to firms.
- Prevalence surveys conducted with samples of firm staff – anonymised and by individual.
- Semi-structured interviews with management, finance and human resources (HR) staff.

2.7 Data sources and approaches used

The collection methods outlined above, combined with the practical implications of data collection, led to the selection of the following data sources and approaches:

Table 3: Data sought and sources used

Data sought		Prevalence of GBV	Response to experience of GBV	Firm services and training provision and costs	Firm financial turnover and operating costs	Staff salaries, leave & absences, punctuality, staff turnover & recruitment costs
Source	Approach					
Firm-level staff prevalence survey	Anonymous written survey with sample of firm staff, sex-disaggregated	X	X			

³ See Williams (2014) for further explanation.

Firm management staff	Semi-structured interviews with cross-section of firm management	X	X	X		X
National GBV data	Online search for relevant data sets	X				
HR staff	Interview and data requests		X	X		X
Finance staff	Interview and data requests			X	X	X
Firm websites	Review of annual reports and other relevant public information			X	X	

2.7.1 Prevalence survey tool

The use of a prevalence survey directed to both men and women sought to gather costs related to absenteeism, presenteeism and assistance. This tool was based on a previous survey instrument devised by Horna (2012) for research carried out in Peru, but was expanded to include a wider variety of GBV forms, an additional category of assistance to others as well as male survivors of GBV. The research process drew on convenience and snowballing sampling. In other words, firm managers were asked to collect a sample of staff from the various levels within the firm available at the time of the research visit. The research team adjusted the sample while the survey was being undertaken by seeking additional employees where necessary as staff in some service sector firms were on call and needed for work. The research team wanted to make selection as simple and straightforward for companies as possible.

The sampling method used does not effect the core purpose of this research, which was to pilot survey tools and calculation methods. The method does impact on the statistical robustness of the findings but these nevertheless provide important indicative insights on GBV incidence and its impact.

The survey sought to calculate three categories of impact: presenteeism impacts (days affected by pain/incapacity, psychological-emotional trauma and punctuality), absenteeism (attending health centres, legal centres or staying at home or with a friend) and assisting others affected by GBV in work hours (while at work as well as outside of work).

Respondents were asked to consider their personal experience of the number of GBV incidents and to assess how long (on average) each incident affected them for (in hours). This data was then combined to calculate total number of hours affected for all GBV incidents.

The survey questionnaire was simplified slightly after its first use. The first section of the survey originally differentiated GBV impacts in terms of pain, psycho-social distress and punctuality. In the second version, these were incorporated into a single question. The second version also expanded on ongoing lessons from implementation in the first round. For instance, the range of legal service providers was expanded, a category was added for the time spent on childcare or organising

childcare, and an extra question on undertaking counselling or complaints procedures while at work was added.

2.7.2 Semi-structured interviews

Data relating to direct costs was gathered through semi-structured interviews with HR and finance staff and a cross-section of managers of different levels of seniority and of different genders.

These semi-structured interviews with management helped validate findings from the surveys and to understand de facto responses of staff to violence and some of the nuances of the impact of GBV in the workplace. Interviews with management were also used to supplement online firm information about staff and firm financial statistics and GBV services. HR managers were asked to provide information on staff numbers, salaries, leave and absenteeism, turnover and recruitment costs and time taken, training costs and time taken, and services offered. Finance staff were asked to provide financial turnover and operating cost information, as well as supplementing information provided by HR on training, services and recruitment costs.

All three companies were able to provide access to staff for semi-structured interviews and a total of 22 individuals were interviewed. HR staff were interviewed at all three firms. At two of the firms no direct access was given to finance staff, but interviews were conducted with senior managers who had oversight of all financial data. The need for a cross-section of managers to be interviewed was well understood.

2.7.3 Firm-level data collection

Firms were asked to provide a set of data for the costing exercise. All three firms were not able to provide all the data, so alternatives and estimates were identified to provide an approximation of as many of the costs as possible, albeit less accurately.

Table 4: Firm level data sought

Data Sought	Type	Alternative(s) if not available	Data collected
Annual financial turnover and/or operating costs	Finance	Will be available, may require confidentiality agreement if tool is being deployed by external organisation (as for this study)	Data sought was collected from two of the three firms
Number of staff, proportion in management jobs, gender split	HR	Number of staff and estimate of gender split	Two firms provided number of staff, one provided gender split; one firm did not, but information about total staff was available online
Staff salary list by job type and gender	HR/Finance	Overall staff salary costs figure (all costs paid by firm incl. tax; may or may not include benefits, e.g. pension contribution)	Data sought was collected from two (not disaggregated by gender for one) of the three firms

Data Sought	Type	Alternative(s) if not available	Data collected
All GBV-relevant training programme costs, duration, frequency and number of staff attending	HR/Finance	Available cost figures or estimation of the proportion of training costs that can be allocated to GBV-relevant training activity and estimates of numbers of staff and time involved	One of the firms was able to provide staff time estimates of GBV-related training over the last financial year
All GBV specific services costs, e.g. counselling	HR/Finance	Available cost figures or estimates of costs of services provided, if aggregated with other figures	No firms provided this data. For one, because it was not disaggregated in financial reporting
All GBV-related services costs, e.g. transportation, health insurance	HR/Finance	Available cost figures or estimates	One firm provided total health insurance costs, from which an estimate of GBV-related incidents was included in the costing
HR salary information, disaggregated from main salary data	HR/Finance	If not available, aggregate HR time spent on GBV using averages for all staff	Not provided
Leave and absentee records/data or summary of leave relating to GBV	HR	Leave information (procedures if no data) and estimate of proportion related to GBV	Not provided
Staff turnover figures and reasons for departure	HR	Estimates of numbers and of proportion related to GBV	Estimates provided by one firm
Frequency and cost of recruitment (including staff time cost) linked to GBV-related need to recruit, based on figures above, including time taken for new staff to be operating at full productivity – induction and training costs	HR/Finance	Estimates of annual recruitment linked to GBV and of costs to find and train these new staff	Estimates provided by one firm

A significant challenge for this exercise was timely provision of the data that the team had envisaged might be available from the firm. None of the firms could provide all data envisaged and one firm did not provide basic staff salary information, operating costs or financial turnover. There were three reasons for this. First, one of the firms outsources HR services and overall financial management to a regional office so did not have direct access to information. Second, the firms did not disaggregate certain information in their reporting, and in some instances could not even estimate rough disaggregation. This was the case, for example, for costs of the provision of a professional counselling phone line at one company, which were not disaggregated from general phone costs. A third difficulty was the commercial sensitivity of information.

One thing we need to think about is to get a better handle on the cost of GBV. This can only be achieved if we amend our systems to capture the real costs of GBV. This is a big task but well worthwhile given the magnitude of the estimated costs. — Manager, on seeing preliminary study findings.

To overcome these challenges, the study has identified alternative forms of data (see Table 4). Some data was not captured consistently across the three firms as it was not made available by all. It should therefore be recognised that not all firm data can be used for direct comparison.

2.8 Research ethics

The research objectives and methodology were reviewed by ODI's Research Ethics Committee and were also reviewed by the PNG partner agency, the Family and Sexual Violence Action Committee. This process ensured that 'do no harm' approaches, duty of care, risk transfer and referral structures were understood during all research phases. The research team encountered several instances where referral and follow-up procedures were implemented collectively with partners and other stakeholders, but duty of care was also ensured through the provision of relevant contact information and helplines to respondents, irrespective of their experience or knowledge of GBV. These activities were critical to ensure the confidentiality of individual inputs into the study and, at an individual level, to prevent potentially violent recriminations from GBV offenders as well as real or perceived stigma effects from colleagues and management. In addition, there are risks at firm level around being associated with incidents of GBV, such as reputational damage and associated losses in income.

3 Findings

The research findings consist of four core elements: (i) the types and magnitude of GBV incidents that firm employees experience; (ii) the behavioural response of firm employees and the impact these incidents have on individual absenteeism and productivity; (iii) the types and magnitude of business services to address these issues; and (iv) the aggregate costs.

In these findings, firm data is anonymised but disaggregated as the three companies reviewed have distinct business models, staffing and outcomes from this exercise.

3.1 GBV incidents experienced by employees

Overall, 197 individuals were surveyed in groups divided into men (97) and women (100). In firm 1, the total number of staff surveyed was 78 (40 men, 38 women); for firm 2 the total was 67 (34 men and 33 women); for firm 3 the total was 52 (23 men and 29 women).

There is a significant number of reported GBV incidents (1,528 in total) across all categories. This translates into an average of 7.8 GBV incidents directly experienced by the sample of all 197 employees over the previous 12 months (see figure 2). More alarmingly, examining arguably the most ‘severe’ direct forms of GBV incidents (rape from partner or other, sexual or physical assault from a partner),⁴ the average number of GBV incidents per respondent remains very high at 2.4 over the last 12 months. Age cohorts were not used in the study so no quantitative assessment could be made regarding levels of incidence or impact by age group, but several respondents from the qualitative interviews suggested that violence is more prevalent among younger staff. Although an incident of violence in a much older couple was mentioned, it was perceived to be particularly shocking because of the age of the couple.

High male incidence figures?

A surprise encountered during data collection was the seemingly high number of male rape statistics – including attempted rape, marital rape and other (71 incidents for men compared to 178 for women). The hypothesis for these high statistics is that men often considered the question to refer to a general unwillingness to have sex, rather than an instance of sexual violence. A key lesson here is the need to be clear and specific in use of language and survey approaches to cater for male and female respondents. The fact that men demonstrated much more limited workplace effects from these incidents compared to women suggests that many interpreted the question differently.

⁴ Attempted physical and sexual assault was not included in the category of ‘most severe’ given the more arbitrary nature of attempted physical and sexual assault.

The three most prevalent forms of GBV reported were physical assault, physical threats and financial deprivation. The three least prevalent were deprivation of health-seeking opportunities, forced marriage and non-partner rape.

Overall figures hide the gender disparities, as women experienced 53% more incidents of GBV than men (average 9.4 incidents per year for women, compared with 6.1 for men). While this gender difference is expected, the research team's hypothesis was that prevalence of GBV incidents among women would be an order of magnitude higher than for men given that PNG is characterised as having very high intimate partner and sexual violence statistics.

Breakdown of the figures by type of gender violence helps to provide an explanation of the different forms of GBV experienced by men and women. For example, forms of rape and sexual harassment (including attempted rape and sexual harassment), physical assault, physical and sexual threats were experienced by women far more than men (see figure 3 for an average). Women report violence by partners in greater numbers than men.

By contrast, men were shown to experience higher incidence than women in categories such as: 'physical assault - other', 'forced marriage' and various forms of deprivation. These surprising results may be due to over-reporting or misunderstandings of GBV concepts. For instance, respondents may have misinterpreted questions regarding 'physical assault - other'.⁵ Given that men may be more likely to experience non gender-related violence outside the home, this may explain the apparently high incidence among men. However, it is important to stress that, during implementation of the survey, considerable effort was made to ensure full understanding of each question by providing explanations on a question-by-question basis with assistance from a translator and by giving background and hypothetical examples.

Nevertheless, the relatively high balance of male respondents reporting rape (a ratio of approximately 2:5) does suggest differences in interpretation of the survey question. As no comparable representative survey exists regarding experiences of male rape in PNG, it is hard to verify these figures. One study from Bougainville showed male rape perpetrator statistics of 7.7% (total prevalence), which suggests that male rape could be exceptionally high in PNG (Jewkes et al., 2013).

⁵ 'Someone who was NOT your partner or spouse hit, punched, slapped, burnt, cut, stabbed or choked you'.

Figure 2: GBV incidence over the previous 12 months

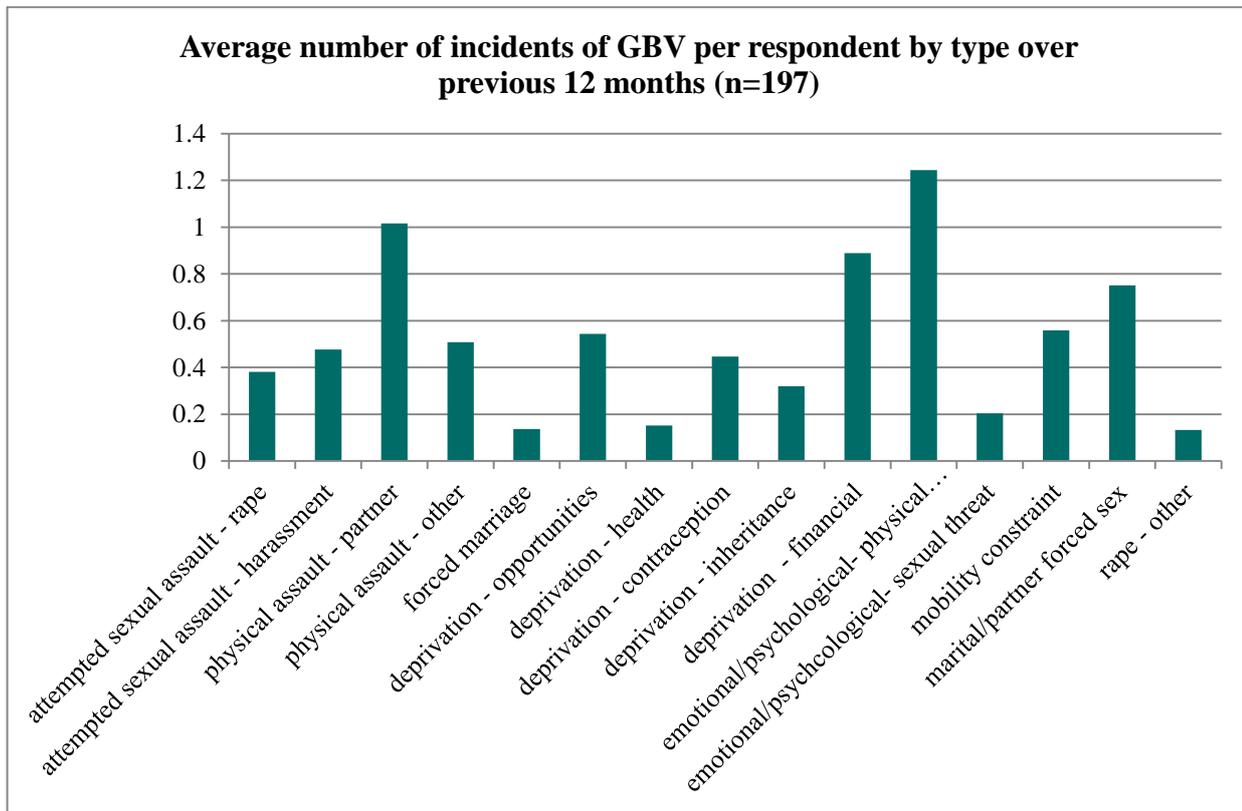
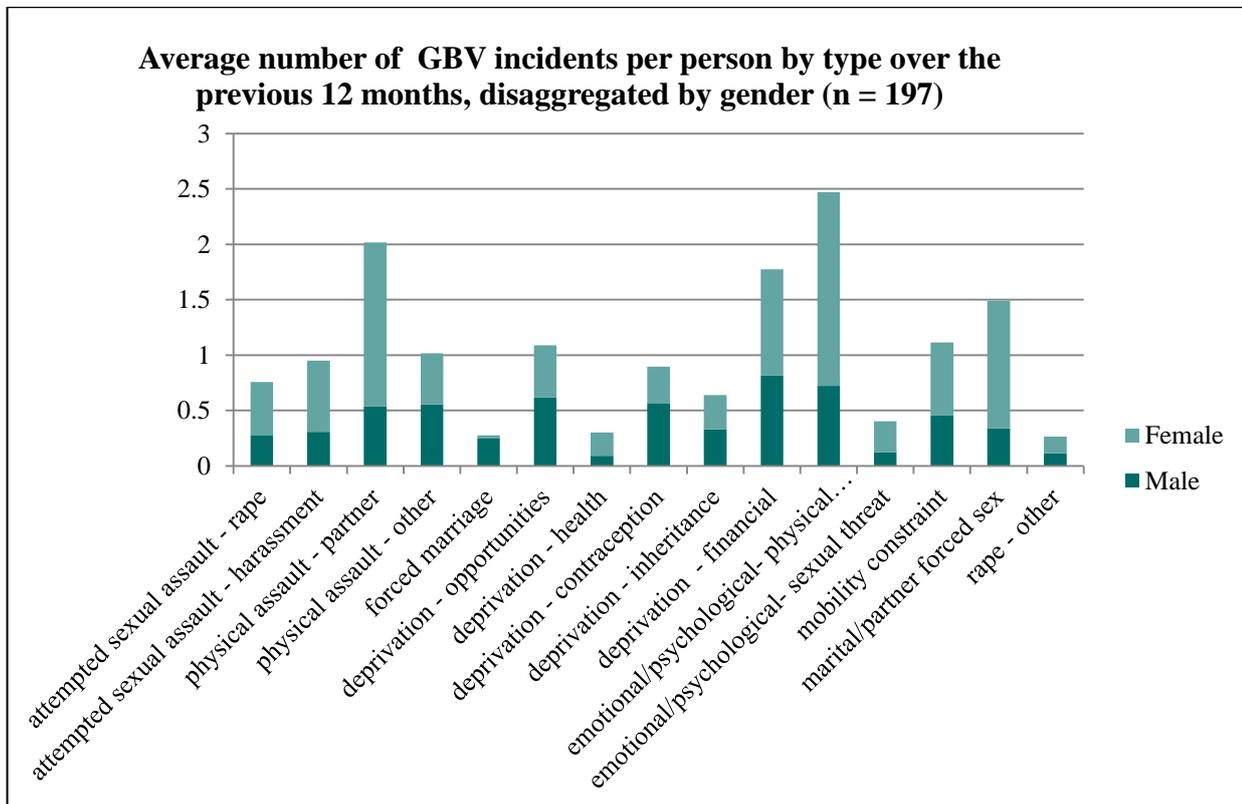


Figure 3: GBV incidence by gender over the previous 12 months



Breakdown by firm shows some inconsistencies, with incidence rates at firm 2 significantly higher than at the other two firms.

Figure 4: GBV incidence by firm over previous 12 months

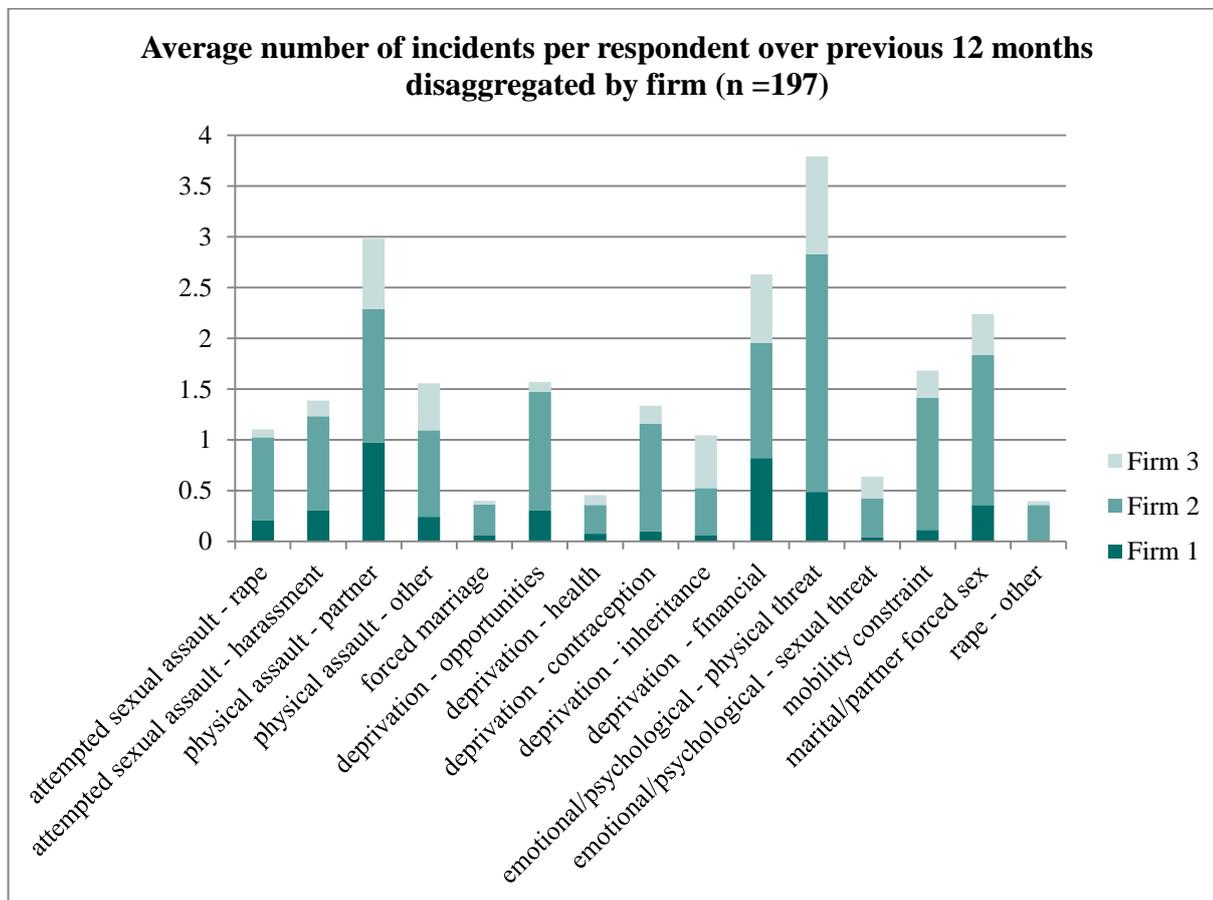
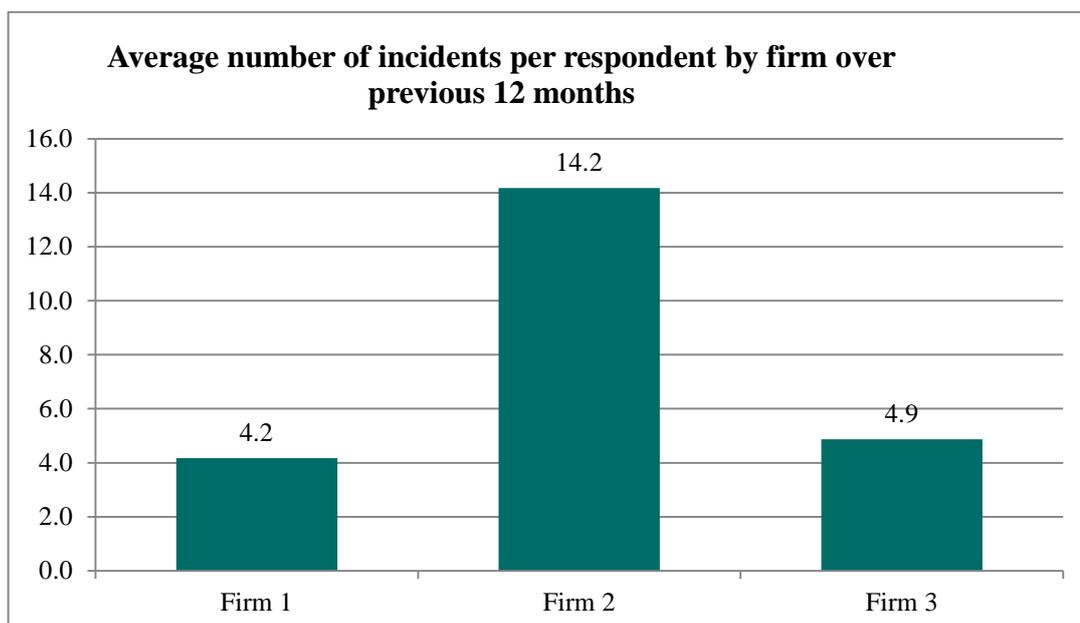
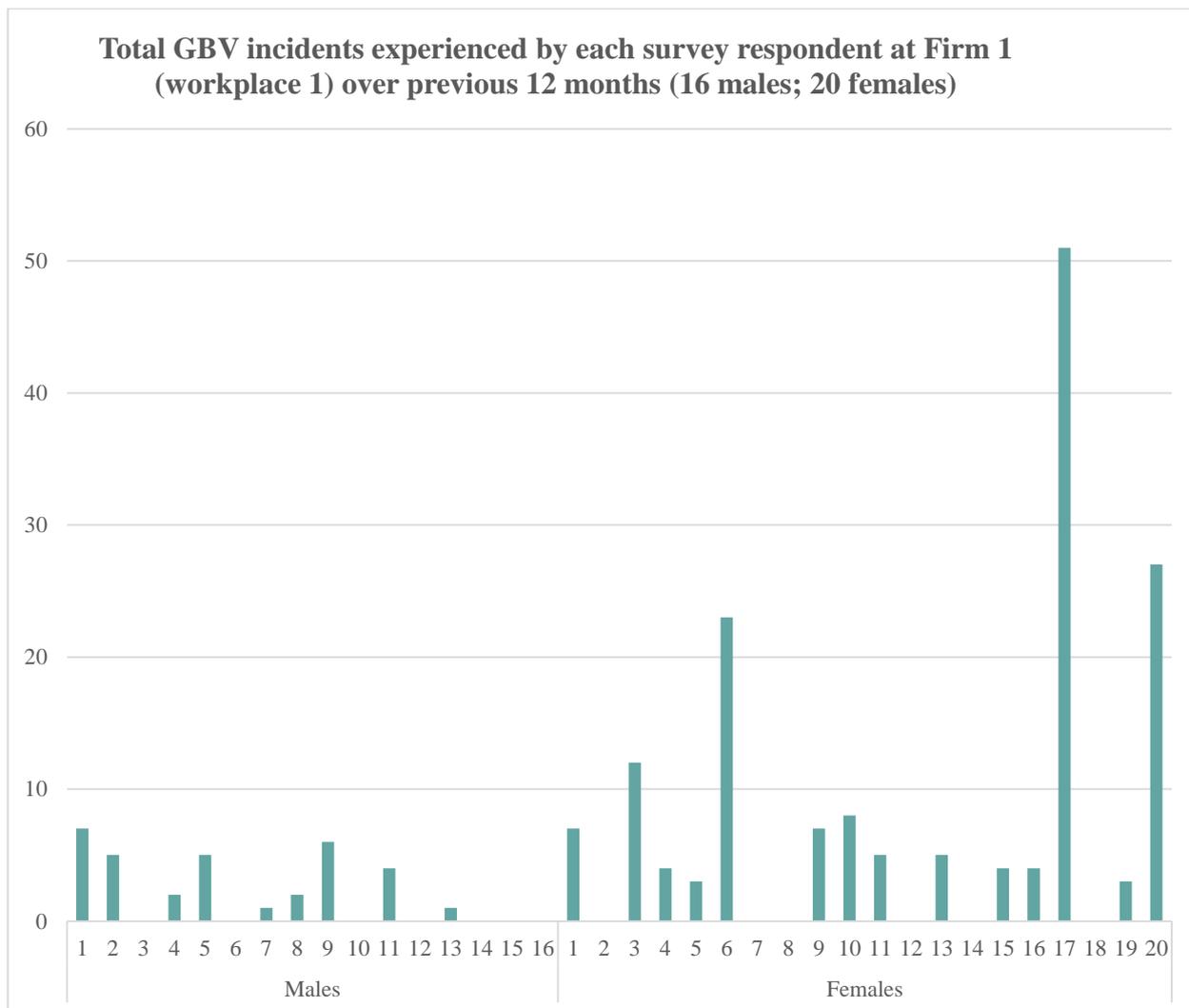


Figure 5: GBV incidence by firm over previous 12 months



Overall, 68% of all survey respondents had suffered at least one incident of gender violence and 47% had suffered an incident of severe gender violence. Averages naturally also conceal significant differences in incidence between individuals. Figure 6 shows how GBV incidents often disproportionately affect specific individuals, rather than being more uniformly spread across all respondents. Ultimately, it is clear that GBV is endemic among company employees, confirming conclusions about the endemic nature of GBV in the wider society.

Figure 6: GBV incidence at individual level



Context of GBV in Papua New Guinea

Interviews revealed that staff are influenced by a range of contextual factors in PNG that contribute to the extremely high prevalence of GBV, its impact and understandings of it:

GBV is culturally accepted and women's status in society is low, meaning incidents are often under-reported.

High levels of violence in general are experienced by both men and women, but male interpretations of terms used in the study seemed to overstate their experience of violence, e.g. stating 'rape' when they were 'not in the mood' for sexual activity with a partner.

There was some concern among the men interviewed about the impact of rising status for women: recent legislation on the rights of women seems to have heightened this concern.

3.2 Survivor behaviour and responses

The next element to examine is the extent to which these levels of incidence translate into absenteeism and productivity loss. While certain individuals may experience a form of GBV, they may have the capabilities and resources to be resilient to these experiences in a way that does not affect work attendance or performance. Similarly, as there may be varying forms, combinations and repetitions of GBV affecting individuals over 12 months, it can be assumed that the impact on attendance and performance at work may vary markedly. This might include variation in absenteeism, presenteeism, leave of absence (long-term absenteeism), resolution-seeking behaviour in the workplace (such as confiding in colleagues or processing formal measures with human resources team) and negative coping mechanisms.

The study did not seek to unpack GBV impacts by type of GBV incidence for two reasons. First, focusing on how different types of GBV incident resulted in different impacts would have required a highly intensive survey that would take several hours to administer. Second, focusing on the discrete links between GBV incidence and impacts in the workplace would divert attention toward GBV drivers and intensifiers and away from the aim of calculating its costs to business.

Some GBV impacts may be very challenging to identify. Interviews revealed some indirect impacts of gender violence. An extreme example arose at one of the companies in which a female staff member attempted to commit suicide during her shift. She was subsequently supported through a leave of absence and offered counselling. These impacts of GBV were identifiable. However, a few months later, the same employee was dismissed for gross misconduct – an incident which could have been related to the violence she suffered at home but which the company could nonetheless understandably not tolerate.

Lateness, low productivity or unapproved absence are common outcomes of violence, but unless the violence is known about (and to an extent, even when it is) these can often be treated as disciplinary matters by the firm.

Social factors influencing survivor response

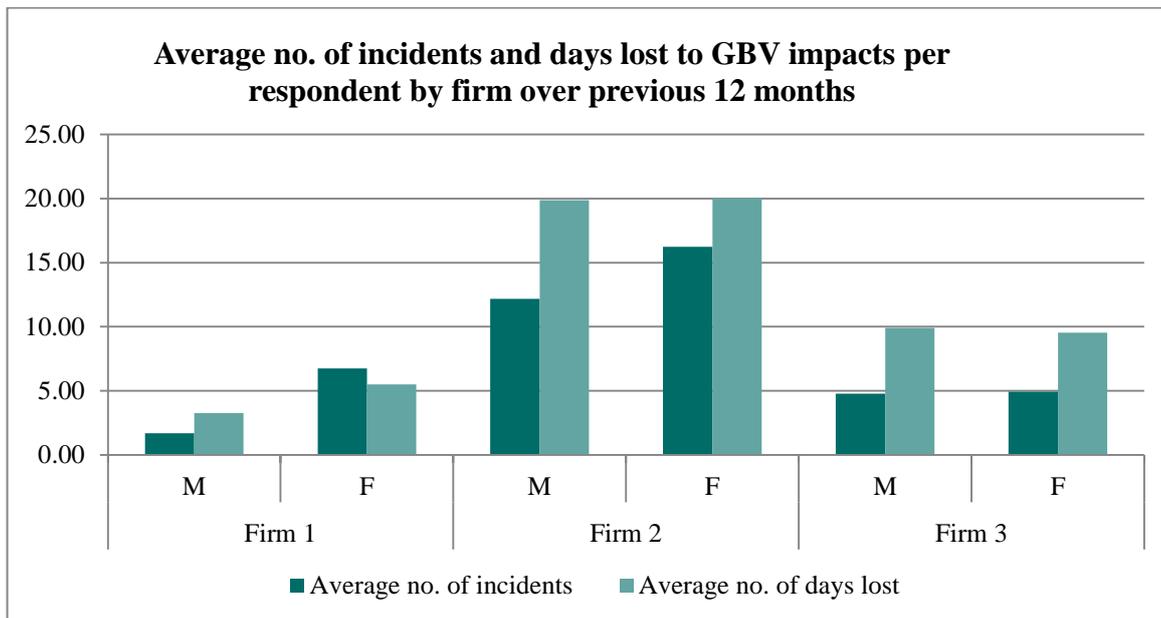
Interviews with managers revealed a range of factors affecting staff absenteeism:

- Housing difficulties. Rents are high and accommodation units small, even though they often house many extended family members. When there is conflict, women who have married into the family are particularly vulnerable to homelessness. Homelessness issues result in absenteeism.
- Wages. The shortage of formal sector jobs and high level of poverty means that the wages of staff can be sought by members of the extended family – and even forcibly taken from them. Fortnightly pay-day is recognised to be a flashpoint for violence in PNG, with male partners and other members of the extended family trying to take female staff wages, and male staff being approached for money by wives (when polygamous) or extended family members. This can result in conflict in the work place. Staff also have their bank cards taken by partners and family, leading to very low motivation at work when they never benefit from their wages.
- Status of women. In addition to attacks by strangers, female staff – even in management roles – experience jealousy and concern from partners, sometimes leading to them being ‘banned’ from attending work, or meaning that the partner seeks to control their behaviour at work: for example, controlling their interaction with other staff or pressuring them into some illegal activity.

Overall staff time losses

Overall, across all survey respondents, a total of 2,180 days in the previous year were lost as a result of presenteeism, absenteeism or assisting others. This equates to 11.1 days per individual on average over the course of 12 months (from a sample of 197 individuals). As Figure 7 shows, the average amount of staff time lost differs between firms, but the spread between men and women is similar. As will be shown below, the primary reason why the total male staff time lost is comparable to staff time lost by women is the greater average amount of time that men spend assisting others in and outside the workplace.

Figure 7: Incidents and total time loss (productivity, absenteeism and assistance) by gender and firm



Comparing the average number of days lost across each of the firms, it is clear that firm 2 shows higher average losses than firms 1 and 3 (7.4 times and twice more, respectively). Various hypotheses might explain this variation across the three firms although it is important to point out that there is no evidence to substantiate any of these hypotheses.

The first is that the differences may be attributed to the companies operating in different sectors. For example, firm 1 can be characterised as having a higher-skilled and more highly educated professional workforce by comparison to both firms 2 and 3. While employment by sector does not necessarily intensify or cause GBV incidence, it nevertheless can be considered an identifier of a demographic group which has more limited capabilities in responding to GBV risks compared to those with greater access to resources and information.

A second hypothesis involves the position or seniority of respondents within the firm. For instance, firm 1 drew respondents primarily from managerial and headquarters level, while firm 2 primarily focused on individuals at the service delivery interface who could be characterised as largely having lower levels of education and income. Firm 3 consisted of a combination of headquarters and service delivery interface staff. However, many informants have consistently confirmed that GBV is experienced across all levels of society and is not correlated to education levels or social or economic status.

Another factor may be the amount of shift work carried out by staff at the company. More night shift work may increase the danger of experiencing GBV at the workplace or between the home and workplace. It may also increase jealousy of family members.

It is possible that criteria used by managers to select staff to participate in the survey may have differed slightly between firms. Also, only three companies were involved in the survey. This is a very small sample from which to draw clear conclusions about differences between firms.

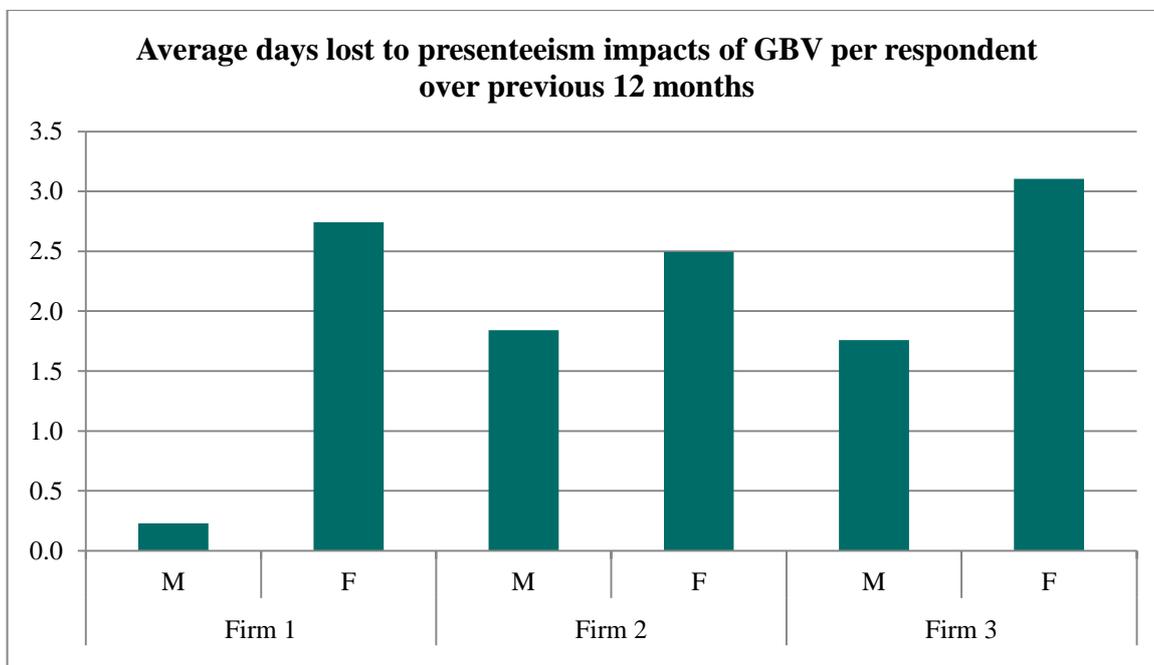
Presenteeism

Interviews with firm managers indicated that they observe that significant proportions of staff time are taken up when staff are distracted at work by GBV-related issues, for example taking or making personal calls, being visited at work by a partner, failing to meet targets or follow instructions due to an inability to concentrate or being too tired or unwell to work effectively.

Time lost while at work due to GBV impacts (presenteeism) by all survey respondents totalled 3,111 hours. Using the International Labour Organisation definition of an 8-hour day, this equates to 389 days lost (per 197 sampled individuals), or an average of two days per person per year. (See Figure 8 for average days lost to presenteeism per survey respondent.)

The impact of presenteeism is much greater on women than men. In fact, women are affected more than twice as much as men (in terms of average days per year). The difference was particularly marked in firms 1 and 3.

Figure 8: Presenteeism effects by gender and firm



Again, average figures mask differences in individual experiences. The qualitative evidence supports the logic that affects of GBV can be extensive and continuous for certain individuals:

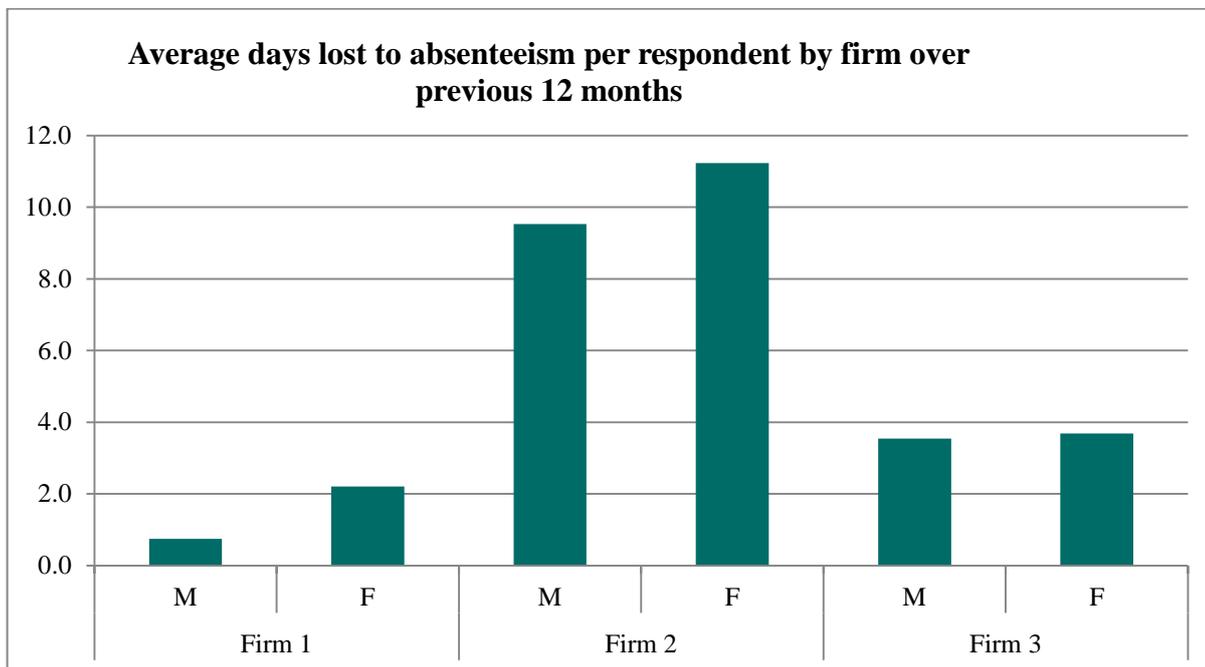
During a work outing at the weekend, a male member of staff tried to rape a female colleague. The woman, who worked in the same unit as him, came into work on the Monday but was shaking and unable to work. An investigation was launched, the man was eventually fired, and during the investigation the woman was posted to another office. The woman's performance dropped as a result of the incident. Her manager estimated that it took her three months to 'return to normal' at work.

Absenteeism

Managers during interviews suggested that short-term absenteeism (often with no communication to the firm during the absence) is a common response to GBV incidents, often for practical reasons such as injury, homelessness or childcare problems.

Respondents in the survey reported a total number of 986 days absent from work: an average of 5.0 days per individual, either through attending health centres or associated services, legal support, through staying at home or seeking counselling or going through complaints procedures at work. Absenteeism rates vary quite considerably between the three firms. Figure 9 illustrates the average days lost to absenteeism per respondent from the overall sample of 197 employees.

Figure 9: Average days lost to absenteeism by firm and gender

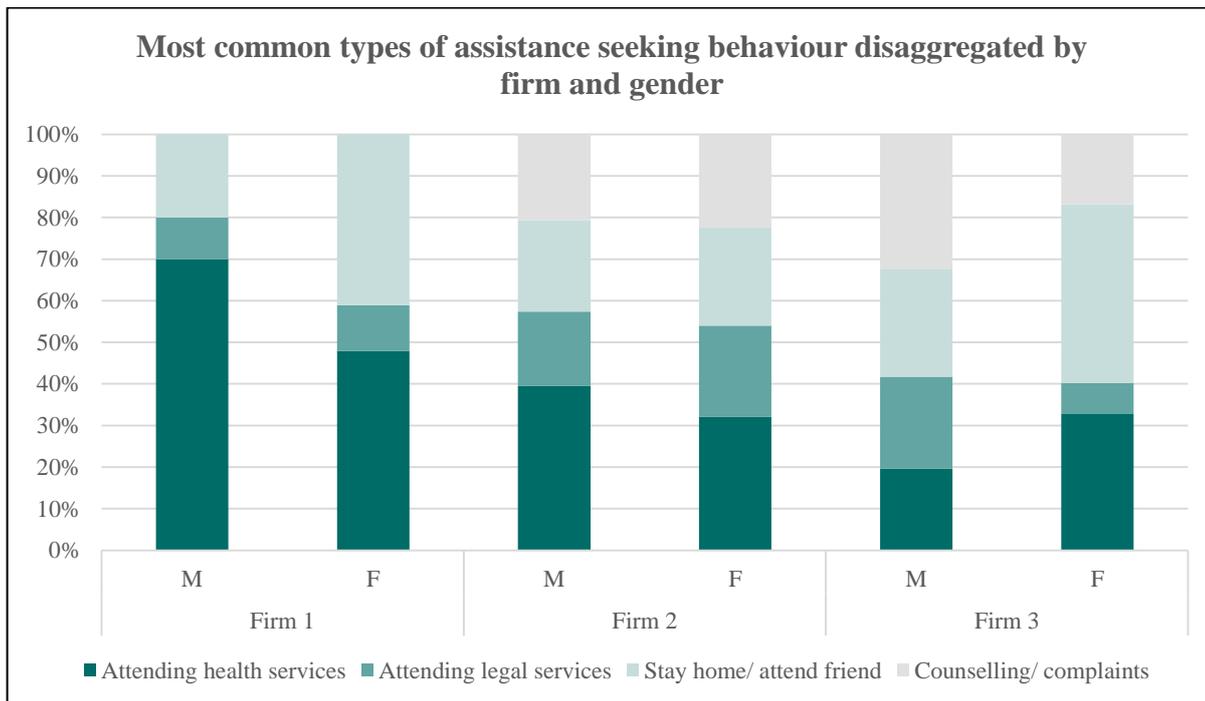


Seeking assistance

In terms of assistance sought, the most frequently mentioned types were: individuals seeking health support during business hours (35%), informal support (26%), counselling and complaints procedures at work (20%) and finally, legal support (18%).⁶ While these proportions vary, Figure 10 suggests that informal support structures remain a significant way of coping with GBV incidents. This could suggest that, after GBV incidents, individuals across the firms are not going through official company channels.

⁶ No data for counselling/complaints procedures for firm 1.

Figure 10: Most common types of assistance seeking behaviour by firm and gender

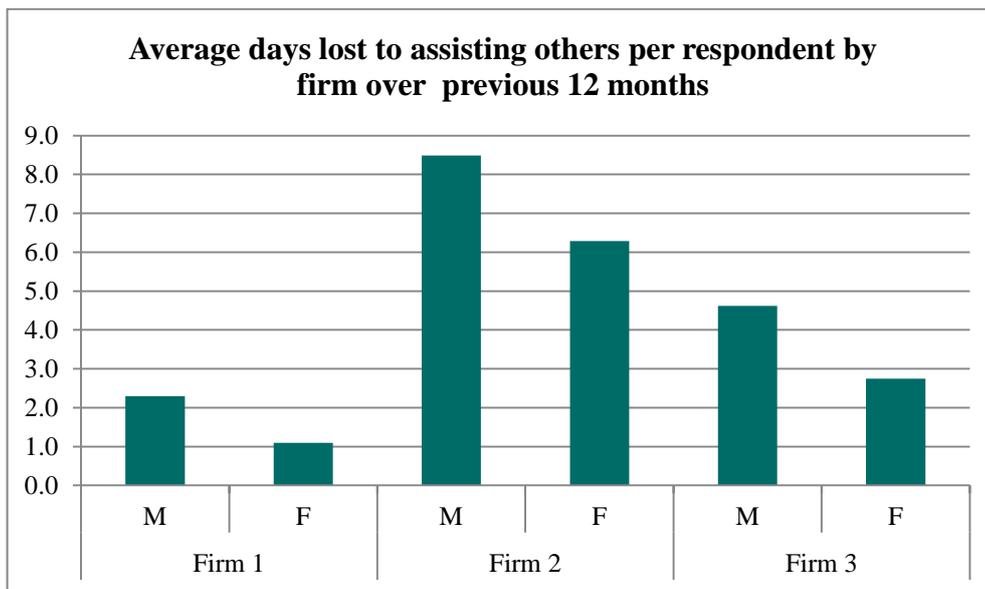


Assisting others

The third dimension that the survey sought to unpack was the degree of assistance provided by staff to GBV survivors during work hours (either within or outside the office). In total, respondents declared a total of 805 days afforded to these activities for the total sample of 197 individuals, or an average of 4.1 days per individual.

As can be seen from Figure 11, the distribution of these commitments varies significantly by gender and across the 197 firm employees. Firm 2 shows by far the greatest number of days lost due to assisting others, with men sacrificing more work time than women. Firms 1 and 3 have a similar profile, although men sacrifice even more time relative to women in proportional terms. This is a surprising finding given the greater number of GBV incidents among women found in the survey, but also in view of a hypothesis that women rely on social capital support networks largely consisting of other women. A related finding is that much of the assistance is provided outside the office.

Figure 11: Assisting others during work time, by gender and firm



3.3 Company responses and services

Existing approaches to GBV and service provision

All three firms involved in the study volunteered to be involved and are all a part of the IFC Business Coalition for Women, so have demonstrated their interest in addressing GBV.

Of the three firms, one offered some formal services to employees but there appeared to be limited awareness of these services among staff and limited training or discussion of GBV issues with staff. A second firm had GBV-specific training programmes for staff, and the managers interviewed had the highest levels of informal support provision, mainly through mentoring and informal counselling. The third firm did not have formal reactive services, but did have an awareness programme which seemed to be having some effect based on interviews with management.

The services provided by the three firms included:

- A phone line to a professional counselling service (one firm)
- Funding for counselling with local charity organisations, either directly or through health insurance (two firms)
- On-site accommodation prioritising women working late and night shifts (one firm)
- Awareness raising to reduce and prevent GBV, including training, sensitisation events for staff and their families, staff noticeboards with information and media coverage about women's empowerment (two firms).

In addition to prevention and support services for staff affected by GBV, firms also provided services to address the generally high level of violence in PNG, including GBV. For example, some companies interviewed for the study provide staff transport, particularly those where staff are required to work shifts and travel in

hours of darkness. This transportation is a response to the crime and security situation, which includes gender violence – although the gender violence component is difficult to disaggregate.

Absenteeism, poor productivity and bad behaviour are significant problems for all three firms. Companies requiring staff to work shift patterns (especially night shifts) and over weekends face particular problems with absenteeism. Companies where staff have access to money have problems with fraud. Firms do not have reporting systems that allow them to know accurately the proportion of these problems that can be attributed to GBV, but they do know that a significant proportion is violence related and that some of this will be GBV related.

All three firms had a formal procedure for when staff are absent, but policies for supporting staff facing GBV are less straightforward and, in most instances, cases of staff suffering violence are dealt with informally by the staff member who happens to find out. Regardless of policy, de facto responses tend to be less formal and often at the discretion of line managers. One of the firms had a policy that HR would contact any staff member absent for two days without leave; other firms let line managers deal with unexplained absence themselves and report it up as they see necessary. There is considerable under-reporting of absenteeism to senior management and HR, particularly where managers close to the staff member know or suspect violence is the cause, based on accounts in interviews with managers who openly said they did not report up all incidents. From the interviews it seems that only the more serious cases are referred up in most instances, or when the level of injury is particularly severe or time of absence is particularly long.

In addition to keeping staff on and making provision for unpaid leave, moving staff to different roles, different offices or different shifts can sometimes help, for example if a physical injury makes it difficult for them to undertake their regular role or if another team member is part of a problem.

Dealing with high levels of violence among staff is also emotionally draining for managers and takes up a lot of additional time, meaning many staff work overtime to complete their work and make up the time they have spent speaking to troubled colleagues or arranging and providing cover. Interviews with HR staff indicated that in one firm expatriate staff asked for a lot more support from local managers than local staff, including help with understanding PNG culture, asking why things happen and questioning the status quo.

Managers recognise the limits in their ability to address GBV suffered by staff. One company HR manager said that they seek to make work as pleasant as possible, as they cannot necessarily do anything for people with difficult home lives. For example, they provide meals and have regular social events, such as staff tea parties and awards.

Several interviewees said that spouses' lack of understanding of their partners' work causes problems and that by simply inviting the spouse into the workplace and explaining the job, this concern can be defused. Several managers mentioned having done this, although it is not universally deemed acceptable. Staff events where family members are invited also offer an opportunity to engage with partners, potentially to explore gender violence issues in an informal context.

Uptake of services provided by firms seemed limited – an issue which would seem relatively easy to address. No data on service use was available, but managers interviewed at one firm were unaware of their firm's provisions and had not reviewed information on their company intranet. Although one firm had a

professional phone counselling service, some managers were unaware of it and there was no evidence that it had been used for interviews.

None of the firms provide direct access to information on support services available to all their staff, although one firm does provide information in a staff newsletter about GBV-related issues, including women's empowerment. One firm's staff seemed largely unaware of a phone counselling service available and could only access this service through HR, a process many indicated would be intimidating.

One company had information on the staff intranet, but it did not seem to be regularly accessed – staff said they did not find time. 'Good' counselling was seen to be important by sufferers, some of whom expressed the problem of relying on friends for support and not necessarily receiving advice that is best for them and their children as a result. Counselling also needs to be context-specific. One respondent suggested that having offshore counselling services was unlikely to be useful to most PNG national staff, in particular.

Several interviewees suggested that safe houses offer an important solution for women suffering violence, not only providing them with a place where they are safe from further violence but also giving them space to plan for the future, to make arrangements to leave their homes if necessary.

One of the companies analysed for the study provides housing for senior staff and has facilities to accommodate a small number of junior staff on a needs basis in dormitory accommodation. The dormitories offer a practical alternative to time-consuming and potentially dangerous night-time travel: they are not intended to resolve domestic GBV issues, although they might help. The dormitories themselves, though, have been a site of GBV-related problems. They are staff accommodation, not a safe house or secure facility, so incidents of violence between staff and others entering the premises are possible.

The low status of women in society is still reflected in the workplace, even when addressing GBV. Much of the responsibility for preventing violence is placed on women. In one firm, a female member of staff was sexually assaulted by a male worker on site after hours. Although the man was disciplined, the woman was also blamed and disciplined for not having followed company rules and left the site at the time she was supposed to. The person providing this information suggested that because male staff drink after hours, it was unsafe for her to have stayed on site.

Case study

Successful manager Jane first had to drop out of work when the verbal abuse from her husband became so severe that she had to move her children out of the family home. She had to take unpaid leave to arrange this, and because she was too embarrassed to tell her employers about the situation she got made redundant.

Having cheated on her and forced her to leave, Jane's husband now refused her and their children any money. Jane and the children began to suffer from hunger, the children collapsed at school, so Jane began selling betel nut in the street to make money. She is an educated and successful career woman, but her self-confidence was destroyed.

She met a neighbour, and when she turned down his advances he became progressively more violent. He sexually and physically assaulted her in attacks that became more and more dangerous.

During this time, a family friend took Jane in and put her back in contact with the firm that had employed her. The firm were very keen to have her back, as a high-performing member of staff. However, the continued violence and stress meant that Jane felt she had to give up the work again. She still did not tell the firm what was happening.

Having suffered years of abuse, last year Jane was attacked so violently that she almost died. She was hospitalised and friends and colleagues were for the first time fully aware of the torture she and her children were suffering. Her colleagues were shocked and upset, and the firm she had worked for explored options to support her. The firm re-hired her and she was promoted in recognition of her ability. The firm provided secure accommodation for her and provided financial support for urgent and complicated medical care she required.

Jane and her children still fear for their lives. The man who has tortured her has not been brought to justice. But her job gives her financial security, physical security in the form of accommodation, and most importantly, is helping to restore her self-confidence and pride.

3.4 Costs

This section sets out results from the pilot testing of the tool with the firms participating in this study. The firm-level findings have been anonymised. The challenges and limitations of the cost calculation have been set out in the methodology section.

One of the firms has not provided operating cost or staff costs or salary details, so it was not possible to complete the full costing exercise for this firm. For all firms, the costs are likely to be underestimates because of the lack of data on the costs of GBV beyond the staff time costs calculated using the staff survey data.

Table 5: Cost to business – findings by firm

	Firm 1	Firm 2	Firm C
Prevalence			
a) Average no. of incidents per survey respondent over last 12 months	4.2	14.2	4.9
b) Total no. of staff	494	1,100	2,700
c) Total number of incidents of GBV for all staff over last 12 months (a x b)	2,058	15,597	13,137
d) % of staff suffering from these incidents (based on survey prevalence rate)	60%	85%	56%
e) % of staff suffering from severe incidents (rape and physical assault)	42%	60%	37%
Time lost to GBV			
f) Presenteeism: average days lost per staff member (1 year)	1.45	2.16	2.51
g) Presenteeism: total days lost per year for the firm (b x f)	718	2,380	6,773
h) Absenteeism: average days lost per staff member (1 year)	1.32	10.37	3.63
i) Absenteeism: total days lost per year for the firm (b x h)	652	11,402	9,788
j) Assisting others: average days lost per staff member (1 year)	1.58	7.40	3.58
k) Assisting others: total days lost per year for the firm (b x j)	782	8,143	9,654
l) Total average days lost per year to GBV per staff member	4.36	19.9	9.7
m) Total days lost per year per firm to GBV (g+i+k)	2,153	21,925	26,215
Financial cost of time lost			
n) Total salary bill (kina)	17,544,995	33,786,242	
o) Average salary cost per staff member per day (kina) (n/b/365)	156.11	135.01	
p) Total cost of days lost to GBV for one year (kina) (m x n)	336,151	2,960,051	
q) Total cost of days lost to GBV as % of total salary bill (p/n)	2%	9%	
Other costs			
r) Training, staff turnover and recruitment, overtime and related costs (kina)	280,428	7,000	
Total calculable cost of GBV			
s) Kina (p+r)	616,579	2,967,051	
t) Total operating costs	89,000,000		
u) As % of total operating costs	0.7%		

Overall, firms seem to be losing staff time at a rate of 4 to 20 days per staff member per year, as results of ‘presenteeism’, absenteeism and assisting others. For firms involved in this pilot, with around 1,000-3,000 staff, this translates into a total of between 4,000 and 25,000 days lost to the company per year. This has a direct cost of between 300,000 and 3 million kina to the firm per year – or of between 2% and 9% of their total salary bill.

These figures include only salary costs. If other direct costs are included, (particularly counselling, recruitment and induction costs, medical costs), then this bill, in the case of one firm, increases by a further 45%.

The study has not attempted to estimate indirect costs. Staff suffering from GBV will clearly be unable to contribute fully to the company and it is quite possible that the quality of company services are reduced as a result – again affecting the company’s profitability.

Provisos

- Absenteeism and presenteeism rates seem low when compared to the scale of incidence. The prevalence of GBV at all firms is high. The survey indicates that more than half of each firm’s staff has suffered the past 12 months, and over 35% of staff in all firms have been affected by the most severe forms of GBV. Yet the time taken off by staff due to GBV amounts to less than 4% of all work time at the most affected firm. For reduced productivity (presenteeism), less than 1% of time is taken. This could be indicative of: over-reporting of incidents (although prevalence rates are comparable to national-level data); under-reporting of time off – for example, due to the difficulties in calculating this over a 12-month period; or fear of the consequences if they report high levels of absenteeism or low productivity. It is also possible that staff attend work and strive to meet normal productivity levels in the face of great adversity. Interviews with staff indicate that they do this, partly through fear of losing their job. It was also suggested in interviews that productivity in general is not very high, so GBV may not impact work levels as much as it might in an economy with a more productive workforce.
- The overall cost figures for firms 1 and 2 are expected to be underestimates because of the lack of data on non-staff time costs. Both firms met with challenges in disaggregating their financial data about activities directly related to GBV (e.g. counselling services and GBV-specific training) or costs that can be partly attributed to GBV (e.g. staff turnover, recruitment and induction, GBV relevant training and awareness programmes, health insurance, transportation and security).

4 Conclusions

- The three most prevalent forms of GBV reported were physical assault, physical threats and financial deprivation. The three least prevalent forms consisted of deprivation from health-seeking opportunities, forced marriage and non-partner rape.
- Overall 68% of survey respondents had suffered from some kind of GBV and 47% had suffered severe forms of GBV. Women experience 43% more incidents of GBV than men.
- On average, survey respondents suffered a total of 7.6 incidents of GBV per year and 4.2 incidents of severe GBV per year. Women suffer an average of 9.4 incidents per year, while men suffer an average of 6.1 incidents per year.
- Figures on incidence reported by men may be less accurate than those reported by women, due to differences in levels of understanding of the various forms of gender violence included in the study.
- On average, each staff member loses 10.8 days of work as a result of gender violence impacts. This breaks down as 2.0 days lost to 'presenteeism' (present but unable to work productively), 5.3 days lost due to absenteeism and 3.6 days lost helping other victims of GBV during work time. For one of the firms in the survey, a total of 26,200 staff days were lost because of gender-based violence.
- As victims of GBV, women do appear to lose more time at work in terms of presenteeism and absenteeism than men, though the difference is surprisingly slight. Women lose an average of 8.3 days per year, compared with men who lose an average of 5.6 days per year.
- The cost of staff time lost due to GBV is high. For one of the firms covered, it is estimated to total 300,000 kina; for another, almost 3 million kina, representing 2% and 9% respectively of those companies' total salary bills.
- Limited evidence was available on the scale of other direct costs of gender violence: counselling, medical costs, recruitment and induction of new staff. Estimates from one company, however, suggest that these costs can add a further 45% over and above costs of lost staff time. Indirect impacts on the quality of goods and services provided by companies is clear but it has not been possible to quantify such indirect costs.
- Informal support structures constitute a major part of how people cope with GBV incidents. This suggests that individuals are probably not going through the formal channels after GBV incidents which can make future GBV incidents harder to prevent or resolve.

-
- The level of assistance provided by staff members to others in distress is significant, with men spending more time on this than women: an average of 5 days per year, compared with 3.2 days per year for women. It is also notable that assistance to others during work hours is provided outside the workplace (78%, compared to 22% inside the office).
 - Awareness and use of available firm services is low. Much support is provided informally and, unsurprisingly, there is a reticence about using formal processes.

5 Recommendations

The following recommendations are based on a combination of analysis by the report authors and suggestions and recommendations from the firm staff interviewed.

5.1 Firm-level recommendations

5.1.1 Using the tool

Confidentiality is very important. If firms are to use the survey tool in-house, staff might fear that their responses will be made public, potentially risking retribution from perpetrators and potential stigmatisation at work and putting their career prospects and job security at risk. There may be some value in teaming up with a neutral third party, such as an NGO or government agency, to carry out the survey in order to help address these concerns. It is critical to assure respondents of data confidentiality, including sufficient space between respondents' desks when they are filling out the survey form. Particular care is needed in explanation of the forms and types of GBV when carrying out the survey with male employees as levels of understanding of the issue may be low.

Much of the data needed for a more accurate costing calculation is collected by the firm but was not readily available, not made available, or not disaggregated in a way to look specifically at GBV costs. Firm finance, HR and governance teams could explore ways to address this in future. Firms should consider using a more systematic, randomised approach to selecting survey participants based on data from HR records.

Given that some companies already conduct staff surveys on other topics, there may be potential to include carefully worded questions about GBV in these surveys.

5.1.2 Services and practices

Firms need to adopt and implement a workplace policy on gender based violence which ensures that all aspects of company operations have been assessed and, where necessary, adjusted to reduce potential incidence and impact of gender violence on employees. The Business Coalition for Women, with support from IFC, has developed a model workplace policy which can be adapted for individual companies. Training in the model policy and its implementation is also available for coalition member companies.

There are some potential quick wins for firms. Of the three firms that participated in the study, none had publically displayed information about where people can go to seek support if they or someone they know is suffering from GBV. A low-cost, quick improvement could be to put up information posters in workplaces and disseminate information about GBV support services (see Annex 2).

Anecdotally, there is evidence that raising the profile of anti-violence within the firm has important impacts on staff. One male staff member spoke about how his personal perceptions had shifted and how he was not only better able to support his staff and colleagues, but was also thinking about how he addressed issues at home and with his family.

One company provides a phone line for staff to call a head office overseas for counselling. Knowledge of this service did not seem to be widespread, even among managers, and staff needed to be referred through HR to use the service. It was suggested that a toll-free line open to all staff to use without their colleagues' direct knowledge might be preferable.

People spoke about the importance of changing mindsets. Companies can't change people's behaviour or fundamentally affect the choices available to them, but they can educate them. Reinforcing anti-violence messages and encouraging staff is an important part of this, as is female empowerment – having female managers and raising the profile of women in the workplace and in society more generally.

Firms could think about terminology used, and whether it could be made more sensitive to GBV. For example, rather than referring to periods of absence to deal with GBV as sick leave or unpaid leave, it could be recorded as 'distress leave', so it is clear that the staff member has a high level of need for support.

5.1.3 Management support and training

Managers could be better equipped to support their staff through training and information about services and support available. Approaching HR for support seems to be a challenge for staff at most levels, particularly when staff are concerned about potential negative impacts. Managers need to know how to support their staff, how to report, and what to offer.

Interviewees suggested that managers can be very uncomfortable speaking to a third party when they become aware of a violence-related issue affecting their staff, resulting in matters not getting reported. There is an opportunity to better understand how staff engage with and use HR support services and whether there is an intermediary type service that could be provided – one that is less formal, giving staff a point of contact to discuss GBV issues while not taking up management time. One interviewee suggested having a company nurse provide medical support and referrals for sufferers of violence.

In one of the companies interviewed, there was a high prevalence of staff theft or fraud, perceived to be often linked to violence and coercion from partners. Greater openness about the problem and exploring ways to allow staff to seek help confidentially when they are being threatened could be important. Managers speak to people they sense might be stressed – possibly through being pushed into fraud – but people never come to management if they are being pressured: it only ever comes to light when they are caught.

Training on GBV-related issues for all staff could be beneficial, for example on company family violence policies, on alcohol abuse and on women's empowerment. More profile and priority given to the issue might help address it. Also, engaging staff members' families (particularly male partners) in awareness activities could encourage them to support their partners' work and reduce concerns that may lead to violence.

Women who have been able to walk away from violent situations can be good role models for other female staff and help provide relevant and practical advice that a

counsellor might not be able to. Such ‘champions’ could be identified and given a more formal role in company policy to help staff suffering from gender violence.

The level of support and engagement from senior management is important – several managers spoke about how their general managers took a personal and proactive approach to addressing problems with violence, for example speaking directly to staff or hosting staff engagement events to better understand issues staff face. Senior management efforts could be rewarded, perhaps on the basis of anonymous feedback.

5.2 Recommendations for the Business Coalition for Women

Interviewees suggested that safe houses could be provided by firms or by groups of firms working in collaboration. Firms could support safe houses not by building and financing them, but with resources from their business: hotel companies providing bed linen or catering companies providing food and drink, for example.

World Anti-Violence Day in November is one of several opportunities for companies to come together, showcase best practice, promote anti-GBV work, and publicise the firm-level financial benefits of proactively addressing GBV.

The Business Coalition could explore programmes that help to ensure women keep their income – for example, helping women ‘quarantine’ money, so that its is not taken by their partners or family.

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Annexes

Annex 1: Methodological limitations

The firm-based GBV cost to business tool is a work in progress, and several advantages and disadvantages have appeared during its development and implementation. First, the definitions that were drawn upon from the GBV-IMS tool and used in the survey tool require very accurate translation. The application of the definitions in the survey tool, for example, are fairly nuanced in separating instances of intimate and non-intimate partner physical violence, as well as attempted rape, rape, and marital rape. Similarly, the description of resource deprivations (inheritance and income), threats and mobility constraints are easily lost in translation. To address this, the study drew upon a partnership with the Family and Sexual Violence Action Committee, in particular a child protection and gender-based violence case worker, in order to translate the survey into Tok Pisin. To avoid misinterpretations, the survey was conducted in written and spoken form and on a question-by-question basis by the research team.

Despite efforts to draw on the GBV-IMS system and adjust for language, some conceptual challenges proved insurmountable in the survey. The primary challenge concerned the separation of GBV from wider family and inter-personal violence. For instance, some respondents queried how to score incidences of family violence issues that had arisen due to disagreements between partners, or how to score incidences of inter-personal violence experienced through, for example, muggings. For example, the category of ‘physical assault - other’, was particularly problematic as it occluded interpersonal violence and GBV, although it was stressed during surveys that the violent incidents in question should be based on gender inequalities. Other participants contested the notion that male rape could be seen as GBV, while some participants appeared to misinterpret the issue of marital rape. Altogether these instances were in the minority, and were clarified with respondents by emphasising the importance of consent in relation to incidents at all times, and that the survey was not seeking indirect incidents relating to escalated family or community-level violence, but rather the direct experience of GBV, irrespective of motive, as defined in the GBV-IMS tool.

A degree of selection bias emerged during the implementation of the study. This occurred through non-probability (non-random) sampling of individuals, such as selecting only those available during a specific day shift, as well as those selected by HR managers who may have been predisposed to select individuals with either high or limited observable experiences of GBV. As this study was based on developing indicative findings, and sought minimum disruption to firm activities, these limitations were deemed to be acceptable.

A number of limitations are also acknowledged within the dataset. With respect to the survey, approximately 5% of the surveys are omitted due to incorrect

implementation (erroneous inputs, such as qualitative rather than quantitative data), which is an acceptable level of attrition. There is also an issue regarding the ability of respondents to remember GBV incidents over the past 12 months. This was addressed by providing meticulous attention to the timescale during the implementation of the survey and by separating and explaining different forms of GBV to respondents.

With regard to the semi-structured interviews, there was considerable variety in terms of the interviewees' understanding of the study's focus and their ability to provide useful information: some had no direct experience of dealing with staff with GBV-related issues affecting their work; others struggled to provide consistent information about how much time they spent dealing with GBV issues as they had not thought about it before the interview.

Much of the firm-level data identified as useful to conducting a detailed costing exercise was not available for the study, either because data was not disaggregated to the level sought, or because data was not collected, not available or not made available during the timeframe of the study.

Finally, it must be noted that the study was an approximation of levels of GBV among specific firms at a specific point in time, and that GBV incidences can vary according to macroeconomic shifts, social change, geographic location and sector.

Annex 2: Family support organisations in PNG

Toll-free hotlines

1-Tok Kaunselin Helpim Lain: 7150 8000

Human Trafficking: 7100 7777

Family support centres

Family Support Centre (Alotau)

P O Box 402, ALOTAU

Milne Bay Province

Telephone: 641 1200

Facsimile: 641 0040

Contact: Sr. Chelsea Maigini

Job Title: Sister in charge

Family Support Centre (POMGH)

c/- Medical Social Work Department

Free Mail Bag 1, BOROKO

National Capital District

Telephone: 324 8245/6; 7167557 (Digicel)

Facsimile: 325 0342

Contact: Ms. Priscilla Agelavu/Ms. Tessie Soi

Job Title: POMGH FSC Coordinator

Kerowagi Family Support Centre

PO BOX 602, Kundiawa

Simbu Province

Telephone: 731 27902; 73127902

Email: lynagene@gmail.com

Contact: Lina Gene

Job Title: District Health Officer

Maprik Family Support Centre

P O Box 395, Wewak

East Sepik Province

Telephone: 458 1387; 2958633/73664666 (Digicel); 76930368 (BMobile)

Facsimile: 458 1314

Contact: Mr. Raymond Pohonai

Job Title: Project Coordinator

Minj Family Support Centre

P O Box 36, Minj

Western Highlands Province

Telephone: 731 92995

Contact: Agnes Kerry

Job Title: Project Coordinator

Mt. Hagen Family Support Centre

P O Box 36, Mt. Hagen
Western Highlands Province
Telephone: 540 1841; 737 91422 (Digicel)
Facsimile: 542 2127
Contact: Ms. Edith Namba
Job Title: Coordinator/Supervisor

Simbu Family Support Centre

P O Box 346, Kundiawa
Simbu Province
Telephone: 535 1066/
Facsimile: 535 1250
Contact: Sr. Maryanne Siune
Job Title: Sister in charge

Women and Children Support Centre

P O Box 457, LAE
Morobe province
Tele/Fax: 473 2205; 472 6070
Facsimile: 472 3015
Contact: Dr. Lincoln Menda & Sr. Anastasia Wakon
Job Titles: Director & Sister in charge

Tari Support Centre

Southern Highlands Province
Telephone: 720 12229
Contact: Maurizio Ricci
Job Title: Coordinator

Mendi Family Support Centre

Mendi General Hospital
P O Box 67
Mendi—SHP
Email: stellawragg@hotmail.com
Contact: Stella Wragg
Job Title: VSO Worker—FSC Mendi

Goroka Family Support Center

Goroka Hospital
P O Box 392, Goroka
Eastern Highlands Province
Telephone: 532 1076
Facsimile: 532 1081
Email: Naomi.Yupae@hhisp.org
Contact: Ms. Naomi Yupae
Job Title: Co-ordinator

Madang Family Support Centre

Madang hospital
P O Box 2030, Madang
Telephone: 422 2022
Facsimile: 422 3716
Contact: Catherine Bedford
Job Title: FSV Mental Health Nurse

Vanimo Family Support Centre

P O Box 331, Vanimo
Sandaun Province
Telephone: 457 1107/ 1080/1093
Facsimile: 457 1167
Contact: Francis Petos
Job Title: FSC Health Officer

Buka Family Support Centre

Buka Hospital
P O Box 188
Buka – Autonomous Region
Telephone: 973 9166
Facsimile: 973 9975
Contact: Sr. Essah Barnabas
Job Title: FSC Co-ordinator

Arawa Family Support Centre

c/Buka Hospital
P O Box 188
Buka – Autonomous Region
Contact: Claire Kauro
Job Title: FSC Co-ordinator



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